

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/830507

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		2					53					
4		3					54					
5	1						55					
6		1					56					
7		2					57					
8		3					58					
9		1					59					
10	1						60					
11		1					61					
12		2					62					
13		2					63					
14		2					64					
15		2					65					
16	1						66					
17		1					67					
18		1					68					
19		1					69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	23						TOTAL DEP.					
TOTAL CLAIMS	27						TOTAL CLAIMS					

PTO-1380 (3-78)